



Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Phoenix Management LLC	Region(s):	6
Agency Type:	Res Hab	Survey Dates:	10/03/16-10/04/16
Certificate(s):	RH-5355	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input checked="" type="checkbox"/> 3 - Year Full

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
16.04.17.101.04 101.CERTIFICATION - ISSUANCE OF CERTIFICATES. 04. Expiration of Certificate. An agency must request renewal of its certificate no less than ninety (90) days before the expiration of the certificate to ensure there is no lapse in certification. After initial certification the Department may issue a certificate that is in effect for up to three (3) years based upon an agency's substantial compliance with this chapter of rules. (3-29-12)	<p>The agency lacked documentation requested certification renewal per rule requirements.</p> <p>The agency corrected the deficiency during survey. The agency must complete questions 2-4 on the plan of correction.</p>	<p>1. <i>Click here to enter text.</i></p> <p>2. <i>This is an issue which affects the certification for the entire agency and not any individual clients or employees. There would not be any other opportunities for this deficiency outside of this instance.</i></p> <p>3. <i>The Agency Administrator.</i></p> <p>4. <i>A digital reminder will be scheduled in our calendar software following each survey and certification cycle, for at least 3 months in advance of the next expiration of our certification.</i></p>	10/4/2016
16.04.17.302.04. 302.SERVICE PROVISION PROCEDURES. 04. Medication Standards. The agency must maintain a policy describing the program's system for handling participant medications which is in compliance with the IDAPA 23.01.01, "Rules of the Board of Nursing." (3-20-04)	<p>Two of three participant record review lacked evidence the agency's medication policy and procedures were followed per rule requirements. For example:</p> <p>Participant 1's MAR's lack documentation the medications were given per prescription and per</p>	<p>1. <i>Many of these missed dates of documentation were during times that the participant was out of the home, with parents or in the hospital. Staff will be retrained during the next staff meeting on 10/27/16 to document on the back of the MAR to indicate days that the Participant is not in our care. A memo will also be placed in each home</i></p>	11/15/2016



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	agency policy. The Chlorpromazine was not documented as given for 09/03/16; 09/13/16-09/23/16; Conidine 09/03/16; 09/13/16-09/16/16; and, Lamotrigine 09/03/16; 09/13/16-09/23/16. Participant 2's MAR's lack documentation for multiple dates also.	<p><i>with this information. During in home audits, the Administrator or QIDP will review the documentation for that month and identify missing initials on the MAR. Missing MAR documentation will result in Medication Errors for the staff responsible. When the data is pulled from the book at the end of the month, the Supervisor will review the MAR for any missed documentation not previously caught.</i></p> <p><i>2. All of the October MAR forms will be reviewed when the Participant books are brought to the office at the beginning of November</i></p> <p><i>3. The Administrator/ QIDP will write the memo and distribute it to the homes and will provide the staff training on 10/27. The Administrator/QIDP will conduct the in-home audits and look for documentation errors. Administrator Designee/ Supervisor will review the monthly data and provide additional training or Medication Errors as necessary.</i></p> <p><i>4. Quarterly QA audits will be conducted by the Administrator to assure that the MARs are being reviewed as per this POC.</i></p>	
16.04.17.400.02.h. 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: h. Results of a history and physical when necessary. (7-1-95)	<p>One of three participant record review lacked documentation the record included the results of a history and physical.</p> <p>For example: Participant 1's record addressed a history and physical but no documentation it.</p>	<p><i>1. All Participant records have been reviewed and Services Coordinators have been contacted to request history and physicals for any participant without it in their file. Before each Participant's new plan year begins, we will assure that we have on file, along with their approved plan, a copy of their history and</i></p>	11/15/2016



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		<i>physical. 2. An audit of all Participant files has been conducted and we are working with Service Coordinators to get copies of any missing History and Physicals. 3. The QIDP will be responsible for working with the Service Coordinators to make sure everyone has this documentation in their file. He will also be responsible for making sure we have History and Physicals in Participant files along with the Approved Yearly Services Plan each year. 4. Quarterly Audits will be conducted by the Administrator to assure that all client records are up to date and on file.</i>	
16.04.17.400.02.n. 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: n. Daily record of the date, time, duration, and type of service provided. (7-1-95)	Two of three participant record review lacked documentation of date, time, duration and type of service provided daily. For example: Participant 1's record lacks documentation of date, time and duration on progress notes for 09/01/16-09/30/16; 09/11/16 lacks documentation how long staff worked from 3:00pm to __, then another staff signed in at 11:00pm. This is the same for 09/17/16 and 09/27/16. Also, on 09/22/16 staff did not initial time for 7:00am-3:00pm. Participant 2's record lacked documentation of date, time and duration on progress notes also.	<i>1. A retraining will be provided at our monthly staff meeting on 10/27/16. A memo will also be placed in all homes addressing this concern. Some of the missing dates were a result of the participant not being in the home at that time. Staff will be retrained to document on the Daily Progress Notes when an individual is not in the home, to avoid questions about missing data. During in home audits, Daily Progress Notes will be reviewed and retraining will be provided as necessary if missing documentation is discovered. When the program books are brought into the office, QIDP will review Daily Progress Notes and inform Administrator Designee of any concerns to be addressed with staff.</i>	11/15/2016



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		<p>2. October Daily Progress Notes for all Participants will be reviewed when the books are brought to the office in early November, to assure that initials, dates, times and duration of service are documented thoroughly.</p> <p>3. The Administrator/ QIDP will provide the training on 10/27 and will write and distribute the memo addressing these concerns. The Administrator/QIDP will conduct the in-home audits and look for documentation errors on the Daily Progress Notes. When the program books are brought into the office, the QIDP will review Daily Progress Notes and inform Administrator Designee of any concerns to be addressed with staff.</p> <p>4. A checklist will be placed in each Participant File, which will be signed off by the QIDP each month when the data is reviewed. The Administrator will conduct quarterly audits to assure that the QIDP is signing off on these monthly reviews.</p>	
16.04.17.402.01.c. 402.PARTICIPANT RIGHTS. 01. Responsibilities. Each residential habilitation agency must develop and implement a written policy outlining the personal, civil, and human rights of all participants. The policy protects and promotes the rights of each participant and includes the following: c. Inform each participant, or legal guardian, of	<p>One of three participant record review lacked evidence the agency informed the participant, or legal guardian, of the services to be received, the expected benefits and attendant risks of receiving those services, and of the right to refuse services, and alternative forms of services available.</p> <p>For example: Participant 3's record lacked evidence the agency</p>	<p>1. We will assure that this Participant has signed copies of the Admissions Agreement, including Participant Rights and Responsibilities, Risks and Benefits of Services. On the Day of Admission, the QIDP will assure that each new Participant and their Guardian signs and is given copies of the Admissions Packet.</p> <p>2. All Participant Files have been reviewed and only the one referred to here is missing this</p>	11/15/2016



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the services to be received, the expected benefits and attendant risks of receiving those services, and of the right to refuse services, and alternative forms of services available; (3-20-04)	informed the participant or legal guardian of his rights, benefits or risks.	<i>documentation.</i> <i>3. The QIDP will be responsible for obtaining signatures from this participant and guardian and any future newly admitted Participants.</i> <i>4. Quarterly Audits will be conducted by the Administrator to assure that all client records are up to date and on file.</i>	

Agency Representative & Title: Merinda Halladay - Administrator <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 11/1/2016
Department Representative & Title: Pam Loveland-Schmidt <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	Date Approved: 11/1/2016